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Electronic Patent Application Submission
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EFS ID: 61531
Application ID: 10723248
Title of Invention: REMOTELY ACTUATED SYSTEM FOR
BONE CEMENT DELIVERY
First Named Inventor: Yves Arramon
Domestic/Foreign Application: Domestic Application
Filing Date: 2003-11-25
Effective Receipt Date: 2004-05-26
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Confirmation number: 6049
Attorney Docket Number: NONE




Total Fees Authorized:

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Office,ou=Department of Commerce,o=U.S. Government,c=US
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Electronic Version v1.1
Stylesheet Version v1.1.0

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| Title of Invention | REMOTELY ACTUATED SYSTEM FOR BONE CEMENT DELIVERY |
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Application Number: 10/723248 
Date: 2003-11-25
First Named Applicant: Yves P. Arramon
Confirmation Number: 6049
Attorney Docket Number:

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| Submitted by: | Elec. Sign. | Sign. Capacity |
|--|-------------|----------------|
| Richard Batt Registered Number: 43485 | RRB | Attorney |

Documents being submitted
us-ids

Files
PX-15-usidst.xml
us-ids.dtd
us-ids.xsl

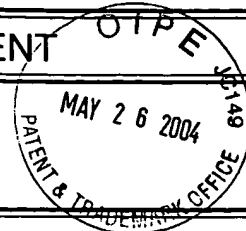
Comments

This submission is being filed before the first office action on the merits.

ELECTRONIC INFORMATION DISCLOSURE STATEMENT

Electronic Version v18

Stylesheet Version v18.0



Title of Invention

REMOTELY ACTUATED SYSTEM FOR BONE CEMENT DELIVERY

Application Number: 10/723248

Confirmation Number: 6049

First Named Applicant: Yves Arramon

Attorney Docket Number:

Search string: (6132400 or 5496284 or 3993065 or 4801263 or 4769011 or
4079518 or 2573547 or 2420102 or 6280456 or 6248110 or
5108404 or 4969888 or 6019776 or 6033411).pn.



US Patent Documents

Note: Applicant is not required to submit a paper copy of cited US Patent Documents

| init | Cite.No. | Patent No. | Date | Patentee | Kind | Class | Subclass |
|------|----------|------------|------------|------------------|------|-------|----------|
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Remarks

Note: Remarks are not for responding to an office action.

This submission is part 1 of 2 parts each submitted on May 26, 2004. The first part of this submission (part 1) has been filed via first class mail with instructions for the PTO to charge the proper fee.

Accordingly, we do not believe that this part (part 2) of this IDS submission should require an additional

fee. Thank you.

Signature

| Examiner Name | Date |
|---------------|------|
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